U.S. Department of Lebor Office of Labor Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution. Itnes, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Flocal Year Convered From.  3 Name and address of person filting  4 Name (R.D. NALL D) (R.D. KIRSCHNER)  4 Name (B.D. NALL D) (R.D. KIRSCHNER)  5 PO Box, Bidg Room No if env  5 PO Box, Bidg Room No if env  5 Postilon in labor organization  6 PA 2 IP Code +4 (R.D. L.D. City PHILA State PA 2 IP Code +4 (R.D. L.D. City PHILA DELPHIA  5 Postilon in labor organization  7 PRESIDENT  6 Postilon in labor organization  7 PRESIDENT  6 Postilon in labor organization  7 PRESIDENT  6 Postilon in labor organization  7 PRESIDENT  7 Postilon in labor organization  8 Name and address of Employee whose employees your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).  8 Name and address of Employee (including trade name if any)  8 Name and address of Employee (including trade name if any)  9 Do Box Bidg Room No if any  7 Do Amount.  7 Do Amount.  7 Do Amount.  11. Signature and verification. The undersigned declares under penalty of Perjay and other opplicable penalties of the labor that all of the information submitted in the paraport (including the information contained in any accompanying documents) in the season on penalties of the labor that all of the information submitted in the paraport (including the information contained in any accompanying documents) in the season on penalties of the labor that all of the information submitted in the paraport (including the information contained in any accompanying documents) in the season on penalties of the labor that all of the information submitted in the instruction of the penalties in the instruction in the information of the penalties of the labor that all of the information and penalties of the labor that all of the information and penalties in the instruction of the penalties of the labor that all of the information of the penalties of the labor that the penalties of the labor that all o				
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Labor Organization File Number   D/D/D/D	3 Name and eddress of person filing	4 Name file number and address of labor organization		
PO Box, Bidg Room No if any  Street 3C65 SEPVIVA ST  City PHILA  State PA ZIP Code +4 1913/4  State PA ZIP Code +4 1913/4  Enter appropriate data below if during the peat faced year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).  A Held an interest in engaged in transactions finciluting town) with or derived income or other economic benefit of moneratory value from an employee whose employees your organization represents or is acressed to the instructions).  A Name of extraction or incoming the interest in engaged in transactions finciluting town) with or derived income or other economic benefit of moneratory value from an employee whose employees your organization represents or is acressed to the instructions).  Name  Trade Name if any  P O Box Bidg Room No if any  Signature  15, Signature and verification. The undersigned declares under genetity of Perjury and other applicable panalises of the ten formation submitted in this apport inducting the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned for information or penallies in the instructions  Signed Address of Engloyee (see the section on penallies in the instructions).  Takephore Number	Name RONALD H KIRSCHNER	Name NAT CONF OF FIREMEN COILERS, SEIN #473		
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City PHILA  State PA ZIP Code +4 IQ 15 U State PA ZIP CODE PA	P O Box, Bldg Room No if any	P O Box Building and Room Number If any		
State PA ZIP Code +4 191341  5 Position in labor organization  PRESIDENT  Enter appropriate data below if during the past facal year you or your spouse or minor child directly or indirectly had any of the following interests (accept as specified in the exclusions set forth in the instructions).  A Held an interest in engaged in transactions fincluding loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6 Name and address of Employer (including trade name if any)  Trade Name if any  PO Box Bidg Room No if any  7 b Amount.  Street  City  State  Signature  Signature and verification. The undersigned declares under penalty of Pej.ny and other applicable penalties of the law that ell of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the understanded knowledge and belief true correct, and complete (See the section on penalties in the instructions)  On 5-18-06  215 533 - 54 440  Telephone Number	Street 3565 SEPVIVA ST	Street 3565 SEPUIVA ST		
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Enter appropriate data below if during the past fiscal year you or your spease or minor child directly or indirectly had any of the following interests (accept as specified in the exclusions set forth in the instructions).  A Held an interest in engaged in transactions 'including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6 Name and address of Employer (including trade name if any)  7.a. Nature of intorest, Transaction or income.  Trade Name if any  P O Box Bidg Room No if any  7 b Amount.  Street  Signature  15. Signature and verification. The undersigned declares under pensity of Penjury and other applicable pensities of the less that all of the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the understanged's knowledge and belief true correct, and complete (See the section on pensities in the instructions)  On 5-18-00 215-5-33-5-9-4-0  Telephone Number	State PA ZIP Code +4 19 13 U	State PA ZIP Code +4 19134		
A Held an Interest in engaged in transactions (Including loans) with or derived income or other economic benefit of monatary value from an employer whose employees your organization represents or is actively seeking to represent.  6 Name and address of Employer (including trade name if any)   7.a. Nature of Interest-Transaction or Incomé.    Name	5 Position in tabor organization PRESIDENT			
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Signature  Signature  Signature  Signature  15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)  Signed MalD MacArt  On 5-18-06 215 533 - 84 40  Talephone Number	Trade Name If any			
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Date Tèlephone Number	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )			
Form LM 30 (2003)	Signed Silver & Junchi			
	Form LM 30 (2003)			

Name of Person Filing RONALD KIRSCHNER	File Nur	nber U	
B Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from selling or leasing to or otherwoof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indudedling with your labor organization or with a trust in which your labor organization.	se dealing with the business ily seeking to represent or ectly to or otherwise		
8 Name and address of Business (including trade name if any)	9 Business deals with		
Name INDEPENDENCE BLUE CROSS	a Labor Organization		
Trade Name If any	b Trust		
P O Box Bldg Room No If any	c Employer	SEE Attached	
Street 1901 MARKET ST		ATTACHED	
City PHILA ZIP Code + 4 19103 - 1480			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name			
Trade Name if any	ar dark		
PO Box Bldg Room No If any			
Street	11 b Approximate dollar value of su	ch dealing	
City 555 - 1 - 1	12 a Nature of interest held or inc	ome received	
State ZiP Code + 4	, ** <u>*</u>	Vi	
	32 "	, ~ ,	
		±.	
	p + mg-	7m4 - 1	
	12 b Amount		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment	)   P	
Name	)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Trade Name If any		- 3 - 4	
PO Box Bldg Room No If any		, , , , ,	
Street	r r	,	
City			
State ZIP Code + 4		,	
13 b Is the Business an Employer  or Consultant ?	14 b Amount of payment.		





May 15 2006

1901 MARKET STREET PHILADELPHIA PA 19103 1480

Mr Ronald Kirschner President SEIU Local 473 3565 Sepviva Philadelphia, PA 19134

Dear Ron

As you are aware, the United States Department of Labor (DOL) announced its intent to enforce, for the first time in many years, the requirements for labor officials labor organizations and employers to file certain Labor/Management standard forms with the DOL that relate to employers giving certain gifts, gratuities or other things of value such as food or entertainment to any labor official labor organization, agent or other representative or employee of any labor organization

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In order to comply with this requirement, Independence Blue Cross (IBC) filed the required LM 10 form on May 15, 2006 Our records indicate that in 2005 IBC provided the following gifts entertainment or other things of value to you as an official of the SEIU Local 473 The following represents IBC's best estimate of these expenditures

Wings vs Toronto on 1/22/05 (\$176 00 2 txs)
Wings vs Rochester on 2/18/05 (\$176 00 2 txs)
Phillies vs Detroit on 4/2/05 (\$380 00 - 4 txs)
Soul Raptors on 4/30/05 (\$309 00 - 3 txs)
Phillies vs Red Socks on 6/26/05 (\$190 00 2 txs)
Jimmy Buffet Concert on 8/27/05 (\$360 00 2 txs)
Eagles vs Dallas on 11/14/05 (\$150 00 - 2 txs)
Army vs Navy on 12/3/05 (\$250 00 2 txs)

Total amount \$1,991 00

If you have any questions or feel there are any discrepancies please contact your Account Executive so that we may determine whether an amendment to the filing is required

Sincerely,

William F Haggett

Chief Marketing Executive

C Karen Lessin Senior Vice President Internal Audit, Corporate Compliance Officer